

MISSOURI NEW TEACHERS INSTITUTE APPLICATION

July 27 – August 7, 2003

Applicant name: _____ Soc. Sec. #: _____

Home mailing address: _____
(Street, City, State, Zip)

Home phone: _____ School phone: _____

School name: _____

School address: _____

Does applicant possess MO Vocational Teachers Certification? Yes ☐ No ☐ Type: _____
If answer is **NO**, a completed *Application for Missouri Vocational Certificate* must accompany this form.
<http://www.dese.state.mo.us/divvoted/certifications.htm>

Name of educational program applicant will teach: _____
(i.e. Auto Mechanics, Welding, Practical Nursing, Business Ed., etc.)

What level will applicant teach? Secondary ☐ Adult ☐ Post-Secondary ☐
(High school students) (AVTS adult) (Community college, etc.)

Has applicant ever taught in a classroom setting? Yes ☐ No ☐

If **YES**, how many years/months? _____ Full-time ☐ Part-time ☐

If **YES**, what level? Secondary ☐ Adult ☐ Post-Secondary ☐ Other ☐ _____
(High school) (Community college) (Explain)

How many college credit hours does the applicant possess? _____ Degree? _____
Level (highest)

How many teaching/education-related college credit hours does the applicant possess? _____

Computer proficiency of applicant: None ☐ Minimal ☐ Novice ☐ Expert ☐
(Basic word processing, E-mail) (Most Office applications) (Networking)

My signature below indicates that I am committed to the yearlong New Teacher Institute Program.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF VOCATIONAL ADMINISTRATOR (AVTS Director/CC Dean)

DATE

Please mail completed application with a check, money order, or purchase order for \$100 payable to CMSU – New Teachers Institute (postmarked by July 1) to:

Director of Industrial Education
MO Department of Elementary & Secondary Education
P O Box 480
Jefferson City, MO 65102-0480
573-751-2584 (VOICE) 573-526-4261 (FAX)